

**APPLICATION FOR UNDERGROUND STORAGE TANK
INSTALLATION / CLOSURE / UPGRADE**

UST System Owner

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

UST System Location

Facility Name: _____
Street Address: _____
City: _____ Zip: _____ Phone: _____ State ID# _____

Contractor

Business Name: _____ On-Site Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

TANKS

Note: Two or more siphoned or manifolded tanks are considered to be separate tanks. A compartmented tank is considered to be one tank.

☐ **New Installation (fee includes piping, dispensers, and associated leak and corrosion protection)**

Number of tanks being installed _____ Fee: \$250.00 X _____ tank(s) = \$ _____

☐ **Closure**

Number of tanks being closed _____ Fee: \$250.00 X _____ tank(s) = \$ _____

OTHER INSTALLATIONS / UPGRADES

Note: Fee is per tank, not per component (e.g.: If one or more dispensers, sumps and/or runs of piping serves only one tank, the fee is \$100.00).

☐ **Corrosion Protection**

- | | | |
|---|---|---|
| <input type="checkbox"/> Tanks
<input type="checkbox"/> Lining
<input type="checkbox"/> Anode
<input type="checkbox"/> Impressed Current | <input type="checkbox"/> Piping
<input type="checkbox"/> Non-Metallic
<input type="checkbox"/> Flex
<input type="checkbox"/> FRP
<input type="checkbox"/> Anode
<input type="checkbox"/> Impressed Current | <input type="checkbox"/> Connectors
<input type="checkbox"/> Boots
<input type="checkbox"/> Anode
<input type="checkbox"/> Impressed Current |
|---|---|---|

☐ **Spill Prevention**

- ☐ Spill Bucket
- ☐ Containment Sump

☐ **Overfill Prevention**

- ☐ Automatic Shutoff
- ☐ Ball Float Valve
- ☐ Overfill Alarm

Number of tanks receiving upgrades _____ Fee: \$100.00 X _____ tank(s) receiving upgrades = \$ _____

Applicant Signature _____ Anticipated Work Start Date _____

(For Office Use Only)

Amount Paid \$ _____
Payment Date _____
Cash ☐ Check ☐ Credit/Debit ☐
Received By _____